MINUTES OF SEPTEMBER 5, 2000 PARAMEDIC TASK FORCE MEETING Holiday Inn Burbank, CA

MEMBERS	EMSA STAFF	ALTERNATES	MEMBERS	ALTERNATES
<u>PRESENT</u>	<u>PRESENT</u>	<u>PRESENT</u>	<u>ABSENT</u>	<u>ABSENT</u>
Debbie Becker	Bonnie Sinz	Nancy Eubanks	Dean Anderson	Linda Anderson
Bill Bower	Nancy Steiner	Frank Pratt	Carol Gunter	Michael Harris
Bill Cody	Connie Telford		Bill Koenig	Nancy Justin
Jim Holbrook	Sean Trask		Tony Pallitto	Dave Magnino
Sabina Imrie			Kevin Rittger	Dick Mayberry
Marshall Morton			Kathy Sher	Mike Metro
Jan Ogar			Sam Stratton	David Nevins
Kevin White				

I Review and Approval of August 8, 2000 Meeting Minutes

There was a request that the minutes reflect discussion regarding the comments on the scope of practice. Also, that the comments are pending review by Jan Ogar and Carol Gunter who volunteered to work with Nancy Steiner in preparing responses to the constituents.

II Setting of the Agenda

Nancy Steiner distributed copies of the new AHA Guidelines for CPR to the members of the Paramedic Task Force (PTF).

III Continuous Quality Improvement

Presentation on CE and CQI Components of the Los Angeles County Fire Department/IAFF EMS System Accreditation

Jeff Eastman, EMS Coordinator for the Culver City Fire Department, President of the California Fire Chiefs, EMS Section, Southern Division, and President of the Los Angeles area Fire Chiefs EMS Section, gave a presentation on the Fire Department EMS Self-Assessment/Peer Review Accreditation that is being developed in Los Angeles County. The presentation included the history, reasons for accreditation, accreditation process, and possible future impacts of EMS accreditation. An outline of the key points was distributed to the PTF members.

He also reported that last year there were 18 fire departments in the U.S. that were accredited and

Paramedic Task Force Meeting Minutes September 5, 2000 Page 2

now there are 33 but there are 600 applications for accreditation on file.

There was some discussion of requiring accreditation for EMS providers, but that this should be a long term goal. There was also some discussion about requiring the components of the accreditation process in regulation without requiring accreditation. It was suggested that the PTF could propose changes to the regulations to begin to address this issue and make some recommendations to give to the EMS Authority for things that could be done in the future. Also discussed was that the Vision process may want to look into the accreditation process.

Discussion of Revisions to CQI/CE Provisions of the Paramedic Regulations

Some of the discussion regarding revisions to the CQI/CE provisions of the paramedic regulations included the following:

- -It was brought up that one item that was not mentioned in the previous meeting's discussion regarding CQI was measuring the process as a distinct component to outcome.
- -We need to identify the categories needed to be included in a CQI program and then identify how they should be applied to each level of EMS and build a framework.
- -Maybe the regulations should set the criteria for a CQI program.
- -There should be a definition page. The definition of leadership is different than administration or management.
- -If we agree that the accreditation model gives us the structure we need, what we need to realize is that the appropriateness of that structure has yet to be created for EMS and that that's our job.

So we need to take the accreditation model and create something that's appropriate to EMS.

- -We should create a philosophy that guides an EMS CQI process.
- -Some of the fundamental hurdles identified by the PTF for this process are:
 - -Lack of identified and appropriately trained personnel that have been given the accountability and the responsibility for a CQI program;
 - -Lack of commitment from leadership and money;
 - -Communication (definitions);
 - -Collecting Data/Information.
- -Looking at hospital discharge is one outcome, but there is other outcome that has as much or more meaning for what we do, and that is how does the patient's physiologic function change as a function of what is done in the field. Basically, what do we do to change their respiratory rate, heart rate, blood pressure, skin signs and mental status.
- -Another concept that needs to be noted is that we need sensors in place to detect when there is a problem with a provider or the provider's support system or training, or you're only doing part of the job.

Paramedic Task Force Meeting Minutes September 5, 2000 Page 3

- -There has to a broader medical perspective, system wide, at the local and state EMS level. There is a valuable role at the local EMS level in coordination and broader mission issues and broader infrastructure support for the system at large, be it trauma centers or peds critical care centers, because those serve multiple constituencies at the provider and patient level. The same is true at the state level. -There needs to be a medical vision that defines our state. There are international organizations that do
- -There needs to be a medical vision that defines our state. There are international organizations that do this very well, they have a common perspective, philosophical approach that guides everything they do internationally and it works.
- -The leadership has to have both a medical component and an administrative, financial and operational component.

After the discussion listed above the task force members decided to read the 3rd chapter from the IAFF book for further discussion at the next meeting. There was also a reference to the website, ICMA.org, for recommended reading on performance measures. Jim Holbrook will send the accreditation standards form, that is used for measurement for the on-site review that paramedic training programs go through for accreditation, to Nancy Steiner for distribution at the next meeting.

Another item mentioned that came out of the Visions process is that the EMS Authority is currently writing a legislative proposal regarding the protection issues for provider level QI. Also discussed was that the PTF needs to look at negotiating the protection from liability of CQI for EMS with the trial lawyers.

IV Adjournment

The meeting adjourned at 3:30 p.m. The next meeting will be held at the Alameda County EMS Agency on October 31, 2000.